

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33741

FILED SEP 16 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

8021

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Affton 4810 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) 11 HOSPITAL OR INSTITUTION Firmin Desloge Hospital				d. STREET ADDRESS (If outside, give location) 27 7804 Clevedon Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Edward J Konczakowski				4. DATE OF DEATH Month Day Year Aug 24 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 30, 1893	
9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Austria		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) moulder				10b. KIND OF BUSINESS OR INDUSTRY iron works			
13. FATHER'S NAME Edward Konczakowski				14. MOTHER'S MAIDEN NAME not known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 348-05-1596			
17. INFORMANT Marie Konczakowski				Address 7804 Clevedon			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Concussion - left lung</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>163x</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <i>6 mo.</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <i>May 28-1957</i> to <i>Aug 24-57</i> and last saw her alive on <i>Aug 24-1957</i> Death occurred at <i>13:30</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John L. Lueck</i> (Degree or title)				22b. ADDRESS <i>634 N. Grand</i>		22c. DATE SIGNED <i>8-26-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>8/27/1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>	
24. FUNERAL DIRECTOR <i>J L Ziegenhein &amp; Sons</i> ADDRESS <i>7027 Gravois</i>				25. DATE RECD. BY LOCAL REG. <i>AUG 27 57</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>	

(Licensed Embalmer's Statement on Reverse Side)

disorders in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*C. P. Kidwell*

Licensed Embalmer No. 387

P. O. Address 7027 Gr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.